

Name in Full		Town				County		MARYLAND			
Francis Emmitt Adams		Wood		Montgomery							
Died at		Date of death 1908		Month 2		Day 8		Age		Years 15	
Sex Male		Color or Race african		Birth-place Maryland							
Married, Single or Widowed				Occupation							
Name of Wife or Husband											
Father's Name		Edward Adams		Father's Birthplace		Maryland					
Mother's Maiden Name		Mary Lee Mason		Mother's Birthplace		Tennessee					
Name of person giving information		Edward Adams		How related to deceased		Father					
				CAUSES OF DEATH		151					
Primary		Marasmus.		How long		from birth					
Immediate		asthenia		How long		1 week					
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Roger Brooke					
				Address		Sandy Spring Md					
Accident or Suicide?											



Name
in
Full

George Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burch Mills</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	<u>Feb.</u> ^{Month}	<u>24</u> ^{Day}	<u>0</u> ^{Years}	<u>2</u> ^{Months} <u>5</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>Colored</u>	
Occupation	<u>none</u>		Birth-place <u>Md.</u>		
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband		
Father's Name <u>George Anderson</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Rutha Gocen</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Clarence Gocen</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<u>Acillary Bronchitis</u>	How long	<u>1 week</u>
Immediate	<u>Asphyxia</u>	How long	<u>10 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. J. Brown</u>	
<u>Yes</u>		Address <u>Silver Spring</u>	
Accident or Suicide?			



Name
in
Full

Mary J. Barbree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

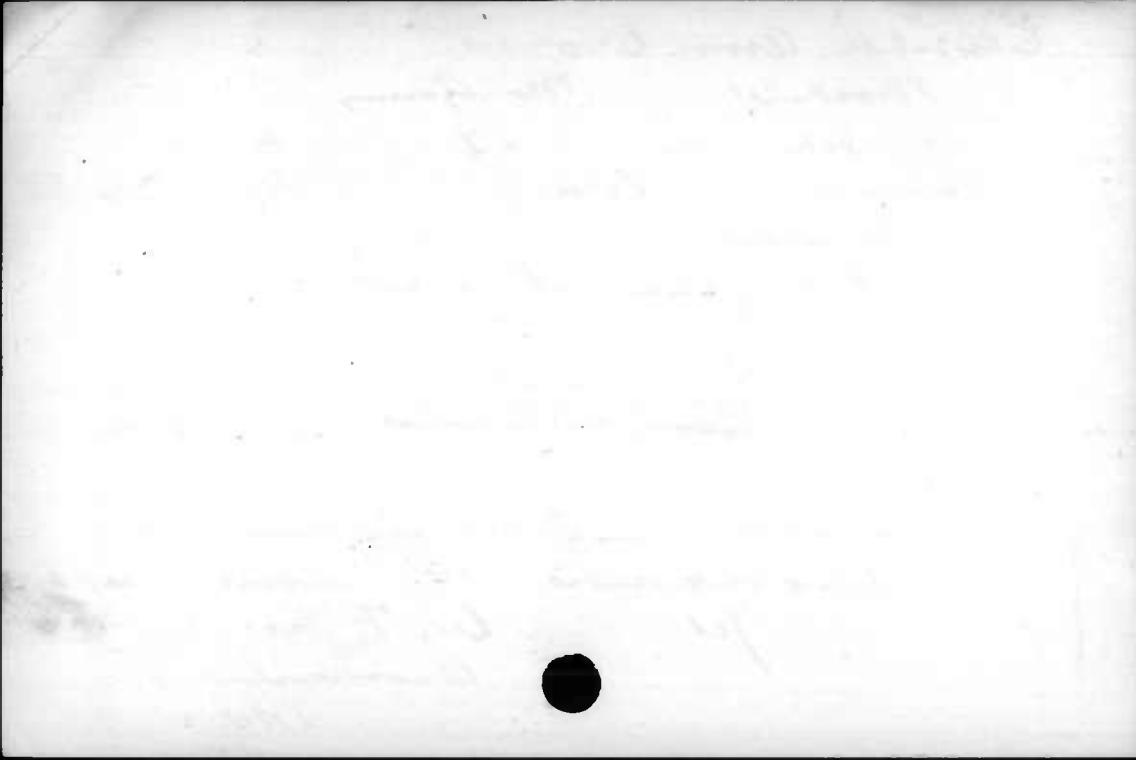
Died at <u>Danville</u> ^{Town}		<u>Montg</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month <u>2</u>	Day <u>23</u>	Age <u>77</u>	Months <u>4</u> Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Virginia</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>Herbert Barbree</u>				
Father's Name <u>W. Randolph Barbree</u>	Father's Birthplace <u>Va.</u>				
Mother's Maiden Name <u>Elizabeth Anthony</u>	Mother's Birthplace <u>Va.</u>				
Name of person giving information <u>Mrs. Jas. H. Jones</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Chronic endocarditis</u>	How long <u>4 yrs.</u>
Immediate <u>Severe pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>U. D. House</u>
	Address <u>Danville Md.</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

Elizabeth Ann Blowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brookville		County Montgomery		MARYLAND	
Date of death 1908	Month Feb.	Day 22	Years 87	Months 4		Days	
Sex Female	Color or Race White		Birth- place Howard Co. Md.				
Married, Single or Widowed Widow		Occupation None					
Name of Wife or Husband Benjamin Blowers							
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving Information W. L. Blowers		How related to deceased Son					

CAUSES OF DEATH

27

PHYSICIAN
ANSWERED

Primary	Chronic Pulmonary Tuberculosis	How long Several years
Immediate	Bronchitis	How long about 2 weeks
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician W. F. Green		
Address Brookville, Md.		
Accident or Suicide?		



Name
in
Full

Martha Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Gaithersburg</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>15</i>		Age <i>49</i>	
Sex <i>Female</i>		Color or Race <i>Coloud</i>		Birth-place <i>Maryland</i>		Months <i>0</i>	
Occupation <i>House-Wife</i>		Where Residing if not at place of death				Days <i>0</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Bowie</i>					
Father's Name <i>Henry Jackson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Arrie Birigh</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>George Bowie</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

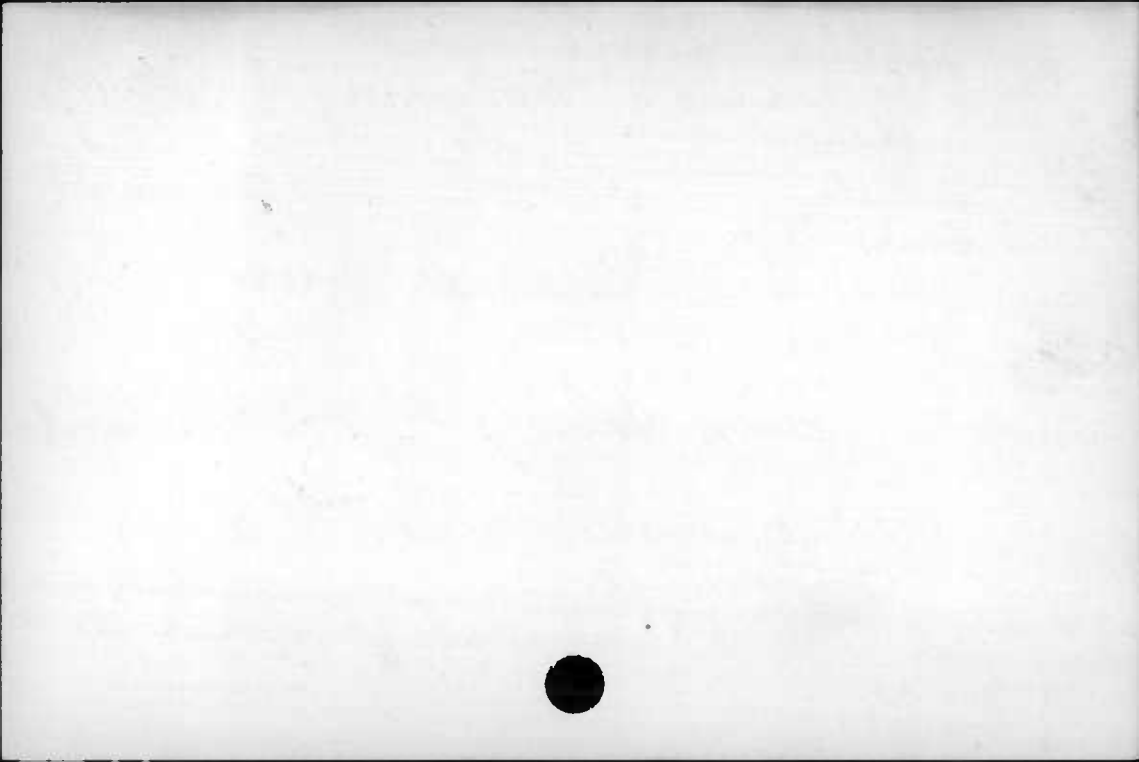
120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Brights disease</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. C. Tolchison</i>	
		Address <i>Gaithersburg Md</i>	
Accident or Suicide?			



Name In Full		CERTIFICATE OF DEATH			
Mary Bowie		Town Asper		County Montgomery	
Died at		MARYLAND			
Date of death 1998		Month Feb	Day 27	Age 85	Months Days
Sex Female		Color or Race Black		Birth-place Md	
Occupation None		Where Residing if not at place of death Same			
Married, Single or Widowed Widowed		Name of Wife or Husband Allan J Bowie, deceased			
Father's Name Laurin Murphy		Father's Birthplace Md			
Mother's Maiden Name Unknown		Mother's Birthplace Md			
Name of person giving information Angie Bowie		How related to deceased Son			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(10)</div>					
Primary		How long Five days			
Immediate		How long Five days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Casper Jones			
Address No		Address Burrington.			
Accident or Suicide?					



Name
in
Full

Nicholas E Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gaithersburg</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908 Feb 8</i> <small>Month Day</small>		Age <i>65</i> <small>Years</small>		Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Danvers, Md</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Burns</i>				
Father's Name <i>John Burns</i>	Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Jones</i>	How related to deceased <i>Brother</i>				
Name of person giving information <i>Jessie Burns</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Etchison</i>
	Address <i>Gaithersburg Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

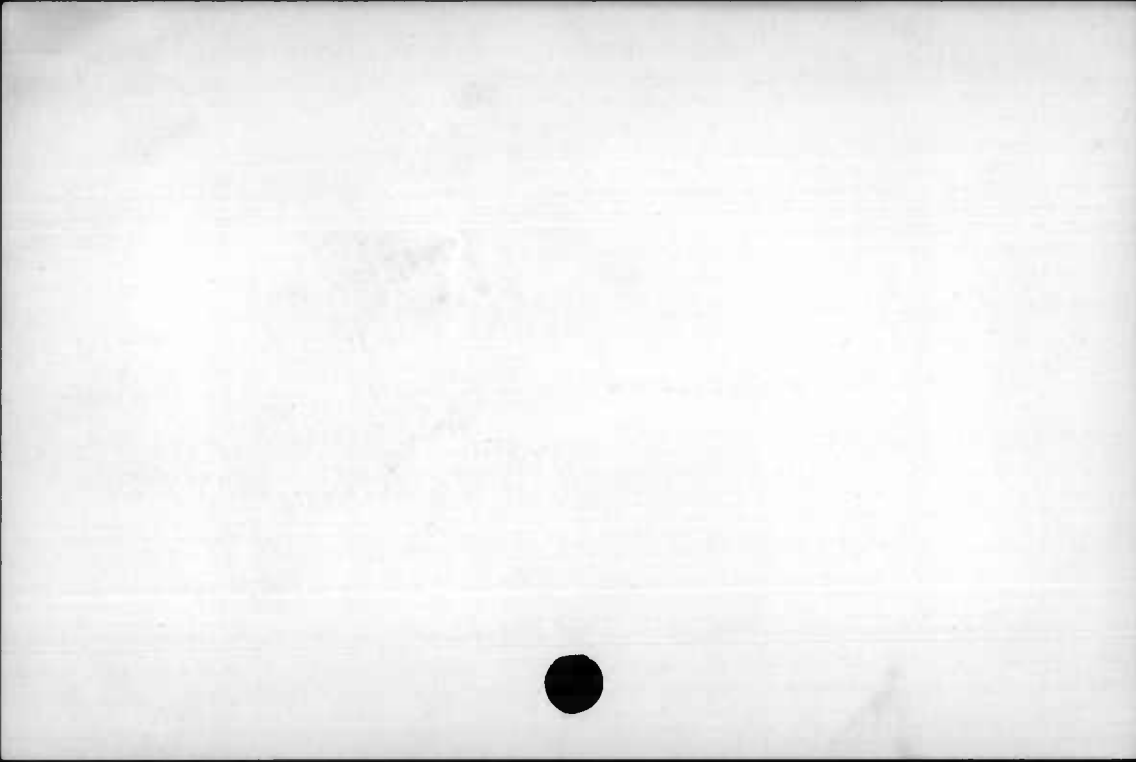
Died at		Town <i>Phoston</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1908	Month <i>Feb</i>	Day <i>12</i>	Age	Years <i>19</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>				
Occupation <i>Servant</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John Chum</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Esteta Price</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>John Chum</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of the Lungs</i>	How long <i>1 3 months</i>
Immediate	<i>Tuberculosis of the Lungs</i>	How long <i>1 3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Eugen Jones</i>
	Address <i>Rockingham Md.</i>	
Accident or Suicide?	<i>No</i>	



Name
in
Full

Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

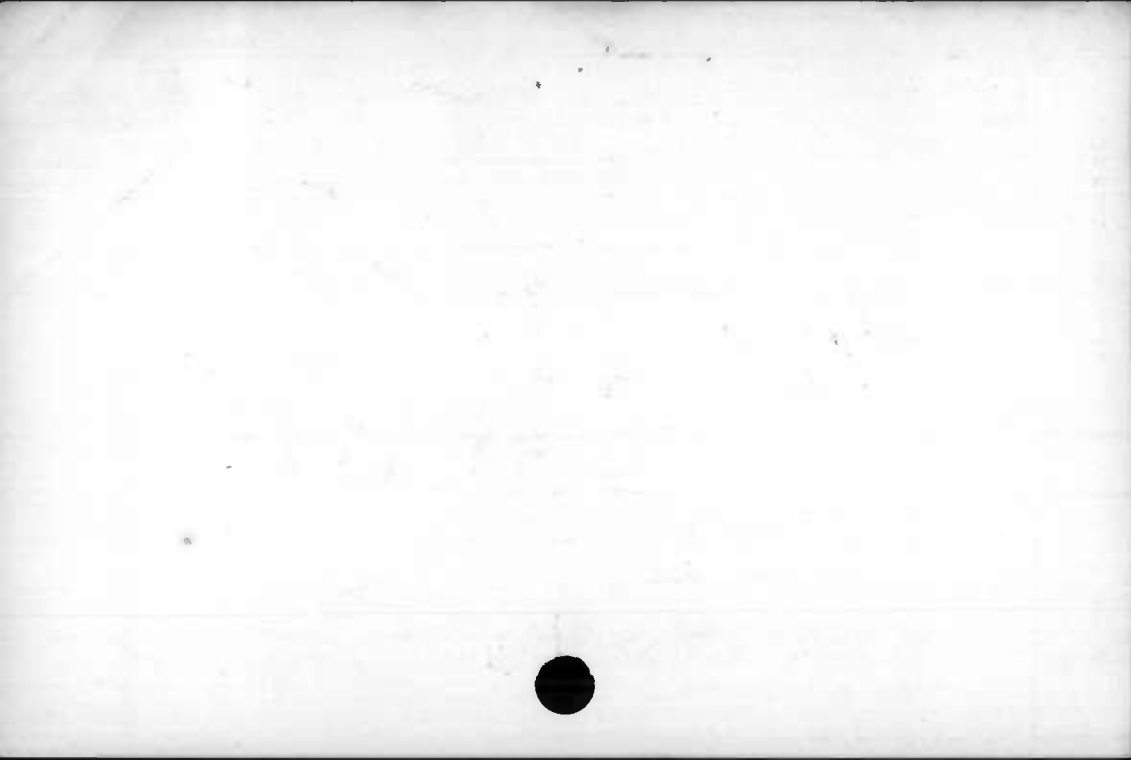
Died at <i>near Dawsonville</i>		Town <i>Davis</i>		County <i>Montg</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2nd</i>	Day <i>28</i>	Age	Years	Months <i>6 mo.</i>	Days	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Boyd's Wd.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Columbus Davis</i>				Father's Birthplace <i>Montg Co. Md.</i>			
Mother's Maiden Name <i>Clamma Jackson</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Physician</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER
H

Primary <i>Pertussis</i>	How long <i>2 wks.</i>
Immediate <i>Broncho pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>U. D. House M.D.</i>
	Address <i>Dawsonville Md.</i>
Accident or Suicide?	



Name
In
Full

Ruey Salisbury Loolittle

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Linden

Date

of death 1908 Feb.

Month

Day

6

Age

Years

75

Months

Days

Sex

female

Color or
Racewhite
AmericanBirth-
place

Farmersville Ny.

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Myrick H. Loolittle

Father's
Name

Mothan Salisbury

Father's
Birthplace

N. Y.

Mother's
Maiden Name

Lodica Little

Mother's
Birthplace

N. Y.

Name of person giving
In formation

Dr. L. A. Bauer.

How related
to deceased

Son in law

CAUSES OF DEATH

1120

Primary

Interstitial Nephritis

How long

one year

Immediate

Bronchitis

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

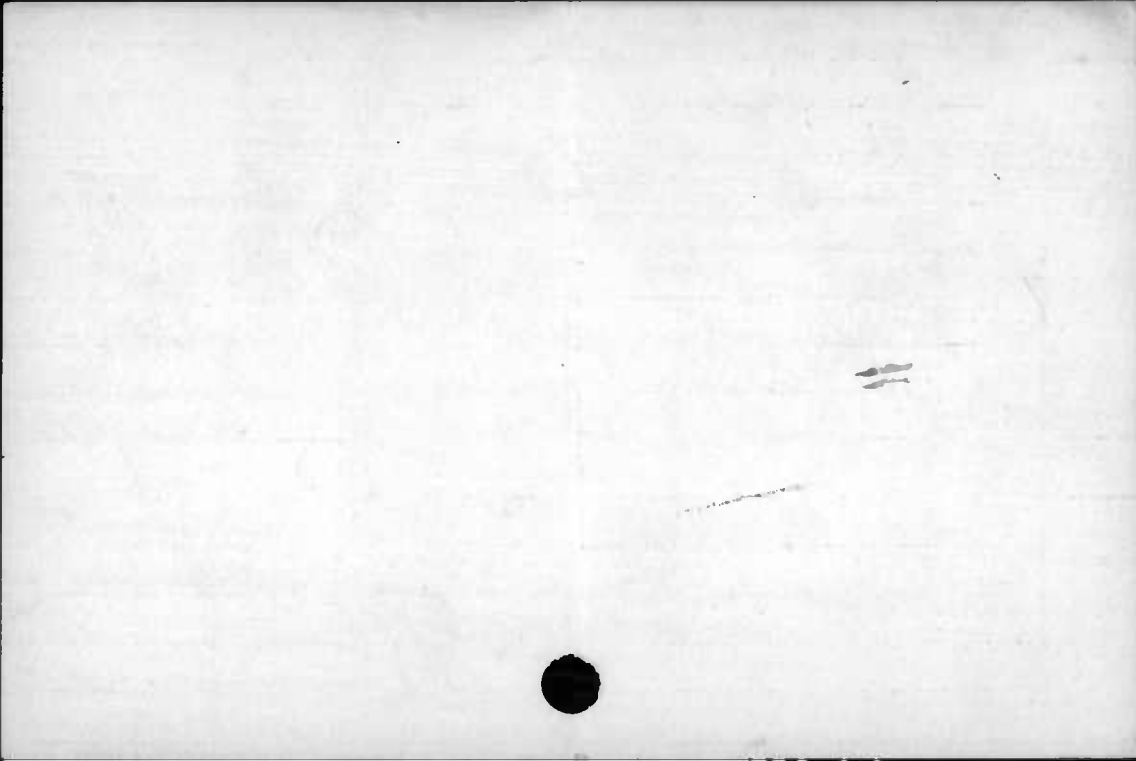
H. H. Wright

Address

Forest Glen. N. Y.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elvira Dove

CERTIFICATE OF DEATH

Town

Germananton

County

Montgomery

MARYLAND

Died at

Date

1908

Month

2

Day

21

Age

Years

67

Months

Two

Days

Sex

Female

Color or
Race

White

Birth-
place

Camille Co.

Occupation

Housewife

Where Residing if not
at place of death

—

or Widowed

Widowed

Husband

Snapper Dove

Father's
Name

Rennus Snyder

Father's
Birthplace

Camille Co.

Mother's
Maiden Name

Elvira Snyder

Mother's
Birthplace

Camille Co.

Name of person giving
In formation

Julia A. Dove

How related
to deceased

Daughter

CAUSES OF DEATH

10

Primary

La Grippe

How long

3 Weeks

Immediate

Bronchitis

How long

2 Months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. W. Sanders

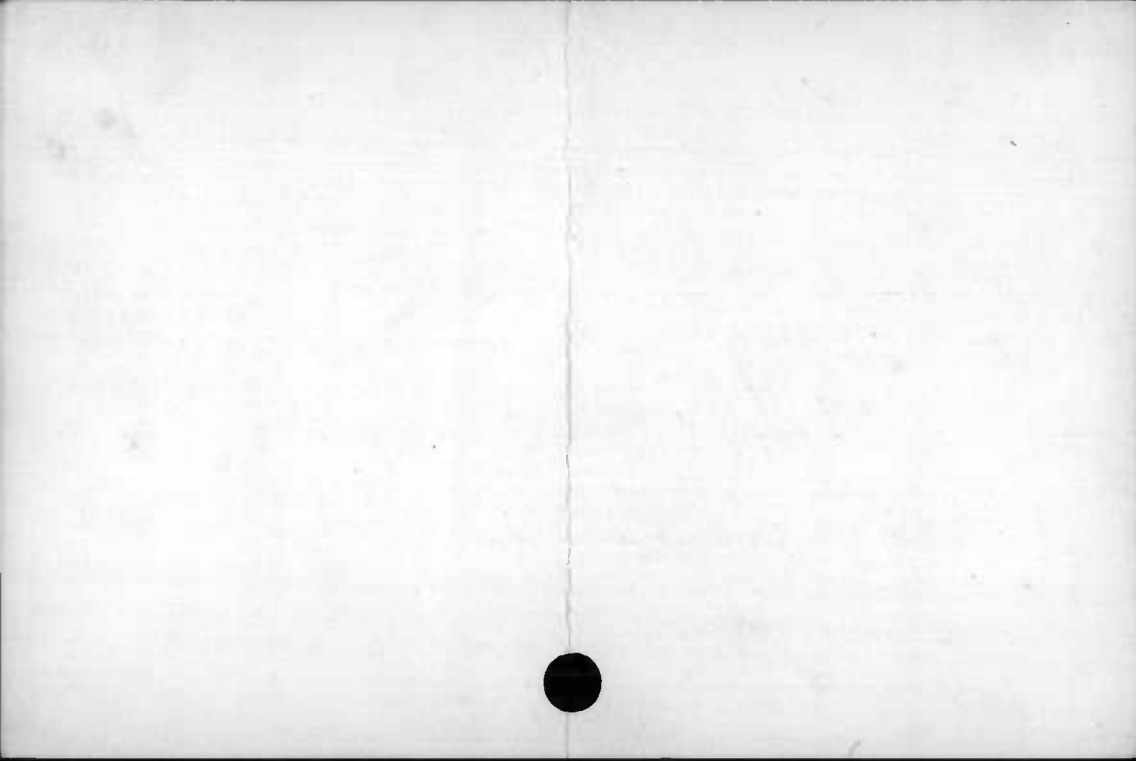
Address

Germananton, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

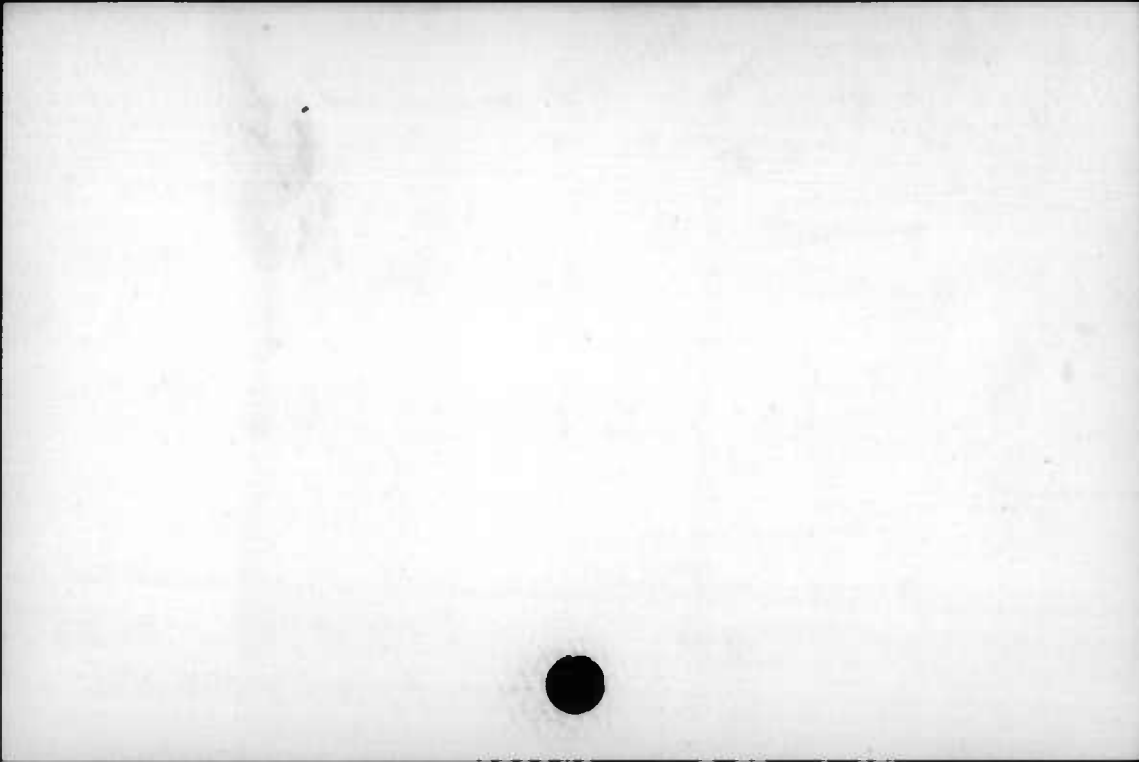
Died at		Town		County		STATE	
Linden		Montgomery		Maryland			
Date of death	1908	Month	July	Day	20th	Age	10
Sex	Male	Color or Race	Black	Birth-place	Ind	Months	7
Occupation	None			Where Residing if not at place of death	Same		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Mr. Henry Eaglin				Father's Birthplace	Ind	
Mother's Maiden Name	Annie F. Maxton				Mother's Birthplace	Va	
Name of person giving information	W. F. Eaglin				How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Inflammation of the lungs	How long	one month
Immediate	Inflammation of lungs	How long	one month
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
		Address	Baguiforme
Accident or Suicide?	no		Kennington Ind



Name
in
Full

Mrs Elizabeth Evelyn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

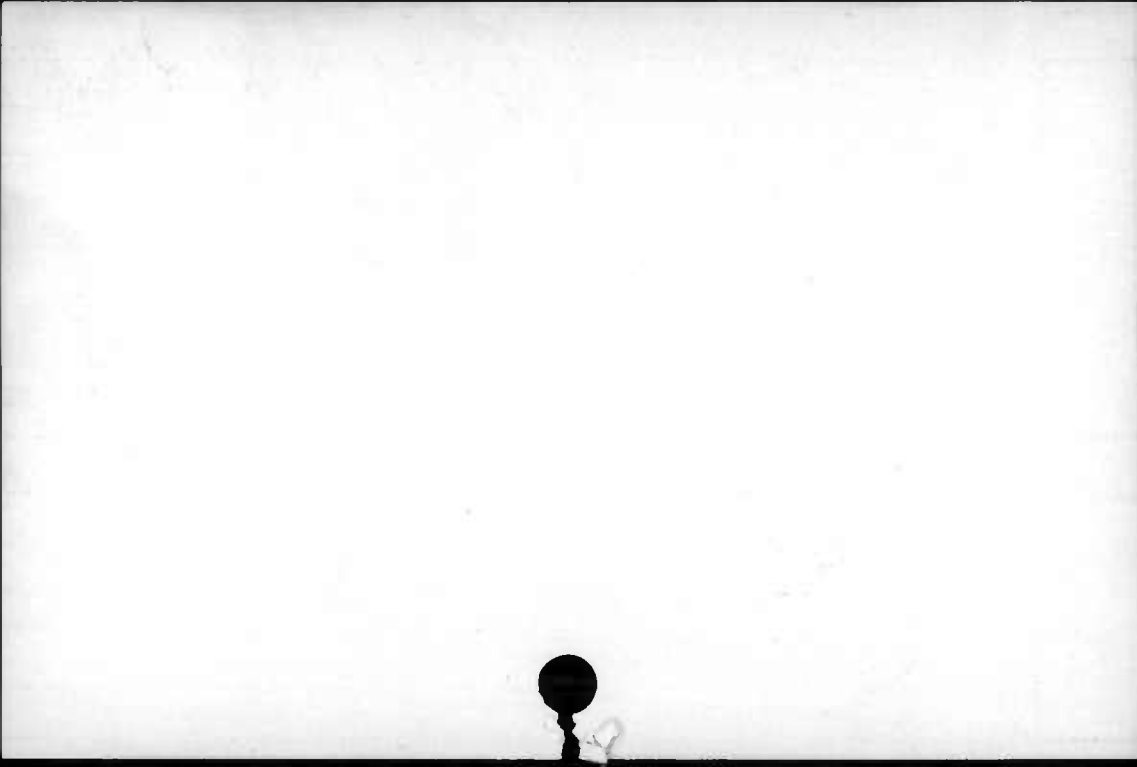
Died at		Town Laytonsville		County Montgomery		MARYLAND	
Date of death		1908	Month Feb	Day 18	Age 71	Years	Months Days
Sex	Female		Color or Race	White		Birth- place	Howard Co
Occupation	House Keeper			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	George Evelyn			
Father's Name	Thomas Evelyn				Father's Birthplace	Howard Co	
Mother's Maiden Name	Kitty Evelyn				Mother's Birthplace	Howard Co	
Name of person giving Information	Silas Evelyn				How related to deceased	Son	

CAUSES OF DEATH

93

H
PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	9 Days
Immediate	Heart Failure	How long	several Hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W H Dyron M.D.
		Address	Laytonsville Montgomery Co
Accident or Suicide?			



Name
in
Full

Martha Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mar Rockville* TownCounty *Montgomery*Date of death *1908*Month *2*Day *28*Age *45* Years *751*

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Ind*Occupation *None*

Where Residing if not at place of death

Married, Single or Widowed *Widowed*Name of Wife or Husband *Daniel Harris*Father's Name *Daniel Harris*Father's Birthplace *Danish*Mother's Maiden Name *unknown*Mother's Birthplace *unknown*

Name of person giving information

How related to deceased

CAUSES OF DEATH

79

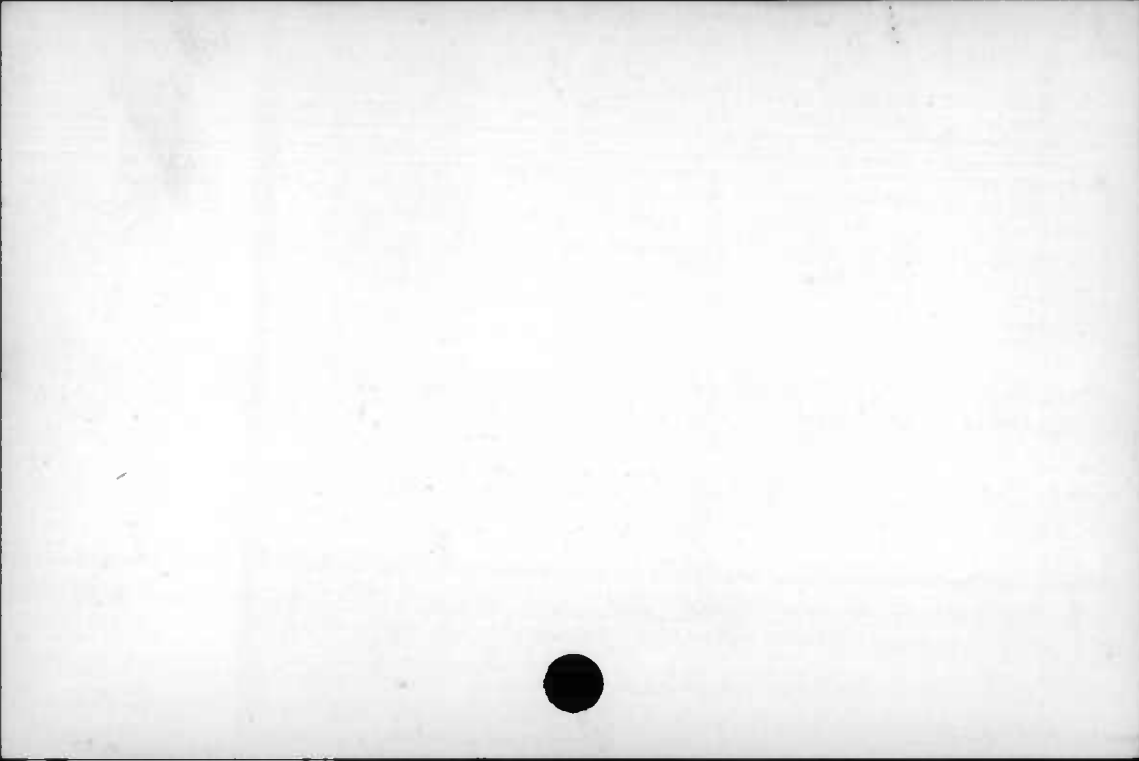
Primary *Organic heart disease*How long *2 yrs*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A. M. Luthin*Address *Rockville*

Accident or Suicide?



Name
in
Full

Annie May Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

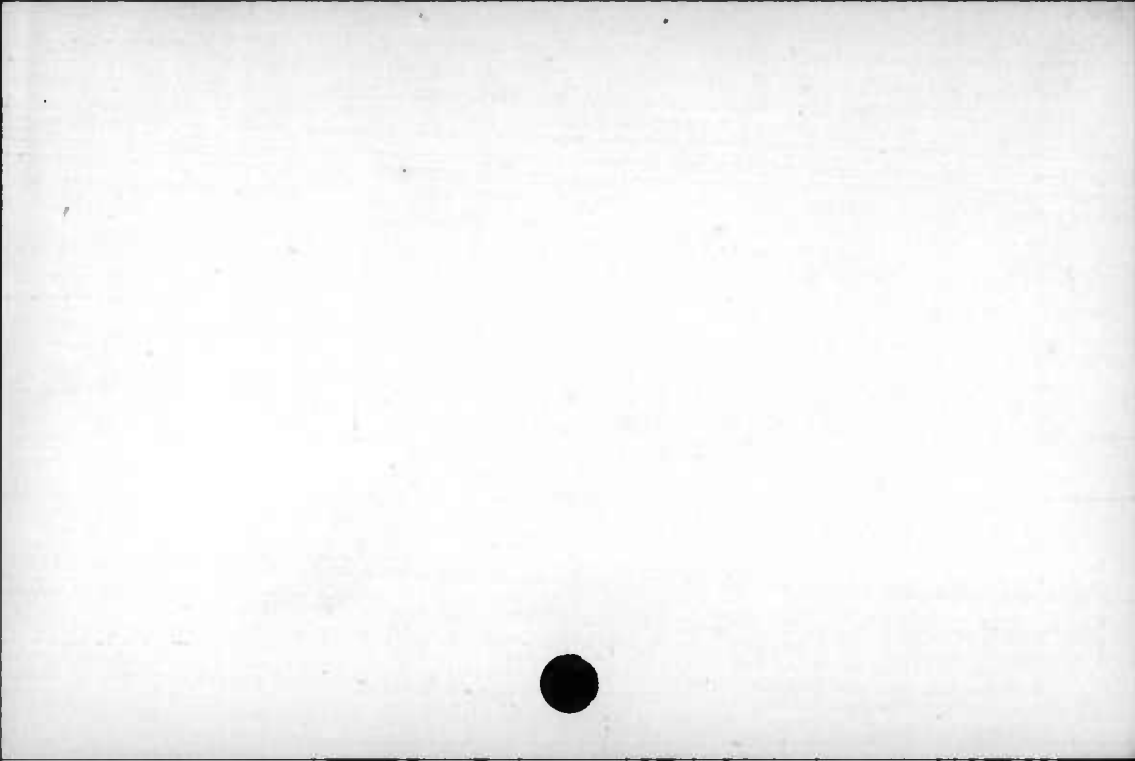
Died at <i>Martinsburg</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>February</i> <small>Month</small>	<i>15</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Martinsburg Md</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Wm A Hood</i>			Father's Birthplace <i>Martinsburg Md</i>		
Mother's Maiden Name <i>Annie E Peters</i>			Mother's Birthplace <i>Martinsburg Md</i>		
Name of person giving information <i>Wm A Hood</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i></i>
Immediate <i>Pneumonia</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E W White</i>
	Address <i>Poolsville Md</i>
Accident or Suicide? <i></i>	



Name

in
Full

CERTIFICATE OF DEATH

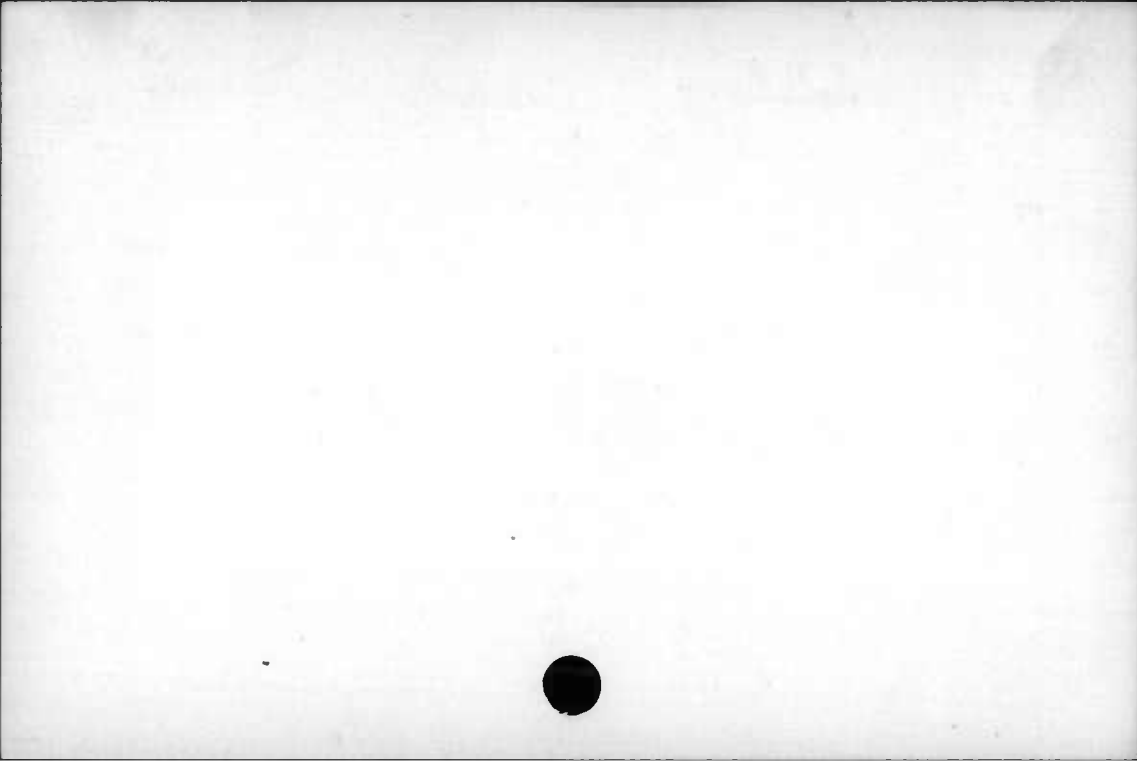
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i> ^{Town}		<i>Hopkins</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Feb.</i> ^{Month}	<i>19</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles S. Hopkins</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Minnie Addison</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Minnie Hopkins</i>			How related to deceased <i>Mother.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguhar</i>
	Address <i>Olney, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Alta C Hyatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gaithersburg</i>		Town <i>Montg</i>		County		MARYLAND	
Date of death <i>1904</i>	Month <i>2</i>	Day <i>25</i>	Age <i>4</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Lewis Hyatt</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Sallie O Hilary</i>			Mother's Birthplace				
Name of person giving information <i>Sallie O Hyatt</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>acute meningitis</i>	How long <i>10 days</i>
Immediate <i>Convulsions Coma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Haddock</i>
	Address <i>Gaithersburg</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
in
Full

Lillie Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Seneeca ^{Town} Trinity ^{County}

Date of death 1902 ^{Month} Feb. ^{Day} 1st ^{Years} 10 ^{Months} — ^{Days} —

Sex Female Color or Race negro Birth-place —

Occupation (School girl) Where Residing if not at place of death —

~~Married, Single~~ — Name of Wife or Husband —

Father's Name Wm. Jackson Father's Birthplace Trinity Co Md

Mother's Maiden Name Harriet Mason Mother's Birthplace Trinity Co Md

Name of person giving information Physician How related to deceased —

CAUSES OF DEATH

21

PHYSICIAN
OR CORONER

Primary Pulmonary tuberculosis ^{How long} 18 mos.

Immediate Asthemia ^{How long} —

Are the name, age, sex, color, date and place correctly given above? yes

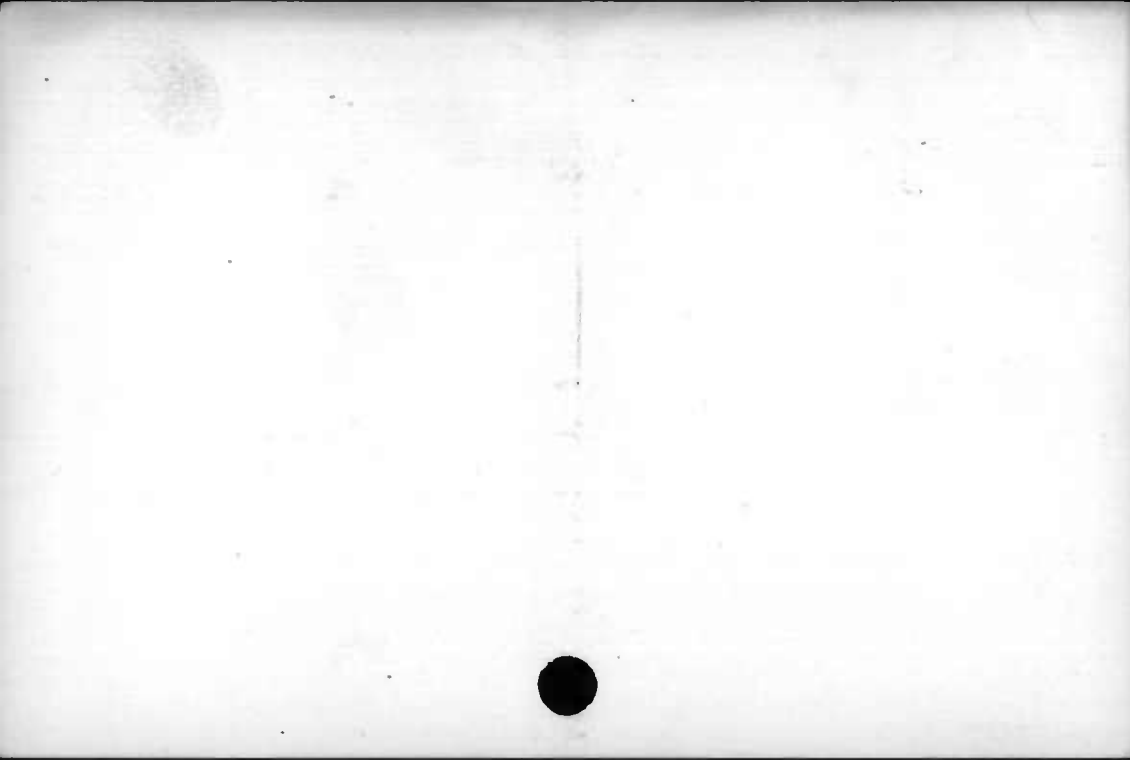
Signature of Physician

Address

U. D. Boural M.D.
Danversville Md.

Accident or Suicide?

Trusses will be disinfected.



Name
in
Full

Not Named Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

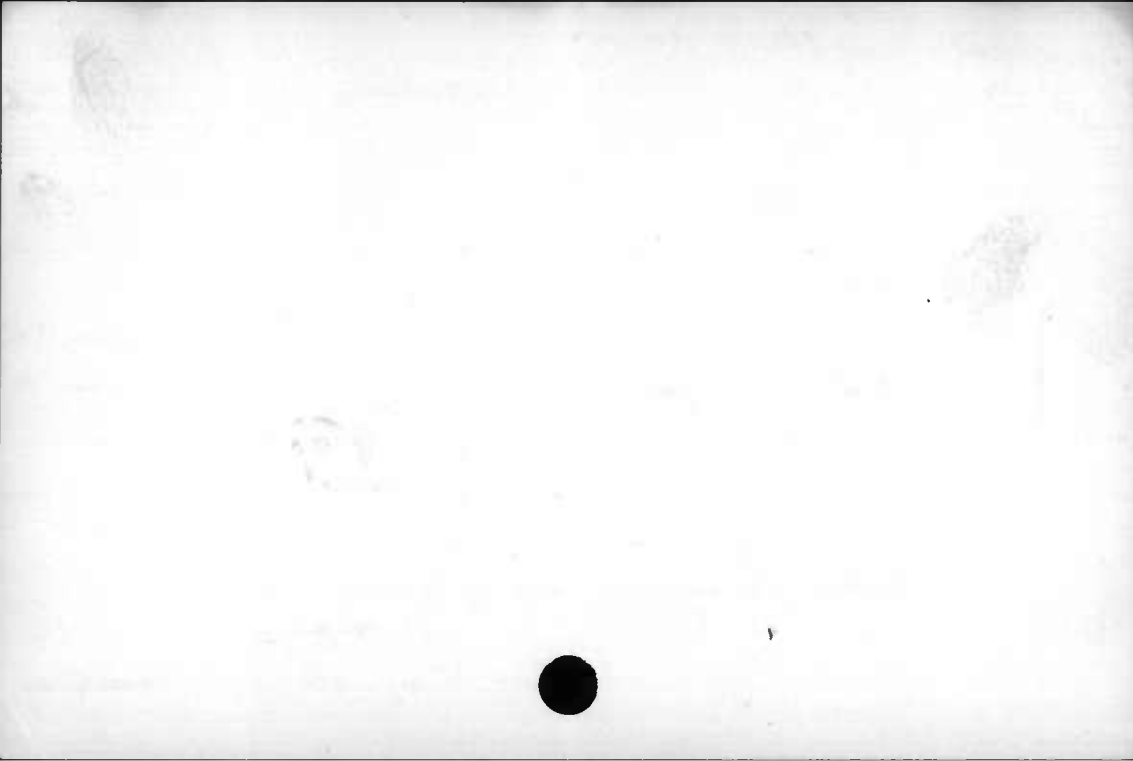
Died at <i>Fairland</i> Town		County <i>Montgomery</i>		MARYLAND			
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>0</i>	Year <i>0</i>	Months <i>0</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Perry Johnson</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mary Jane Adams</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Perry Johnson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>2 days</i>
Immediate <i>Syncope</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Brown</i>
<i>Yes</i>	Address <i>Silver Spring md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

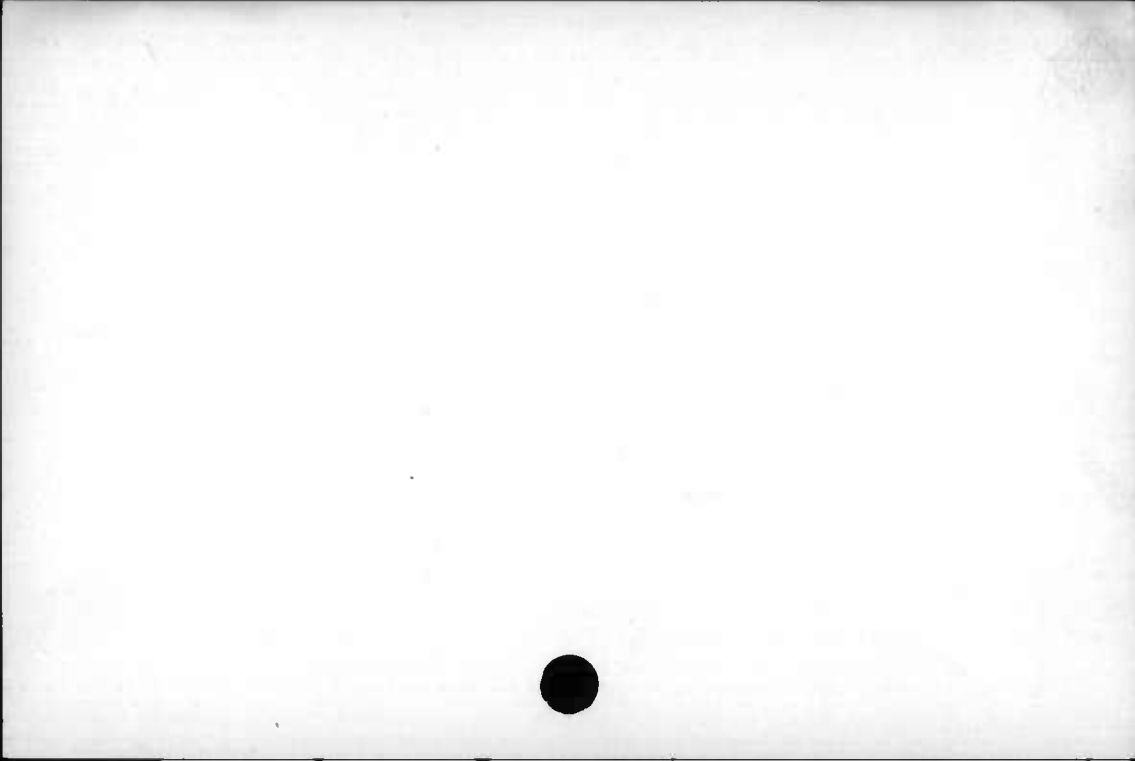
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Loshew</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>18</u>	Age <u>83</u>	Months <u>3</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Montgomery Co</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>John Jones of E</u>			Father's Birthplace <u>Montgomery Co</u>		
Mother's Maiden Name <u>Ann Smith States</u>			Mother's Birthplace <u>Montgomery Co</u>		
Name of person giving information <u>Anna Jones Riggs</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old age & Valvular Heart Lesion</u>	How long	<u>two years</u>
Immediate	<u>Mitral Insufficiency of Heart</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. H. Jones</u>	
		Address <u>Loytonsville Montgomery Co</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

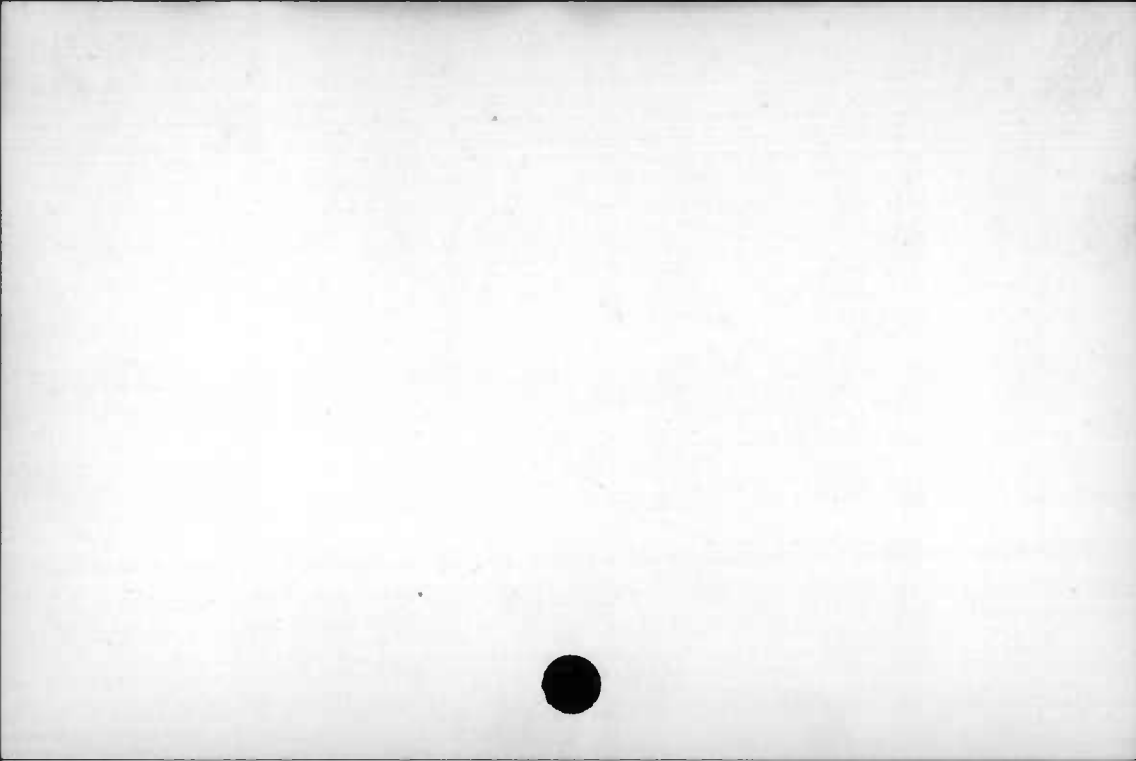
Name <i>Mollie Maddox</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>our</i>		Month <i>2</i>		Day <i>17</i>		Age <i>47</i>	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>17</i>		Age <i>47</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>6</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Days <i>20</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Charles J. Maddox</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary King</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Aldie Maddox</i>		How related to deceased <i>Sister-in-law</i>					

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Emphysema</i>	How long <i>Four months</i>
Immediate <i>Bed sore</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Elias Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burnt Mills</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> ^{Month}	<i>18</i> ^{Day}	Age <i>45</i> ^{Years}	<i>0</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Plasterer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lucinda Mathews</i>				
Father's Name <i>Hilson Mathews</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Louise Lancaster</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>John Lancaster</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

110

PHYSICIAN
OR CORONER

Primary <i>La-Grippe</i>	How long <i>One month</i>
Immediate <i>Syncope</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name
in
Full

Bettie W Mullines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gaithersburg</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>Feb</u> ^{Day} <u>28</u> ^{Year} <u>28</u>		Age <u>71</u> ^{Years}		Months <u>2</u> Days <u>3</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Virginia</u>	
Occupation <u>House-Wife</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Frank Mullines</u>			
Father's Name <u>E. H. Henry</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Mary Craig</u>		Mother's Birthplace <u>Virginia</u>			
Name of person giving information <u>Mary Gray Jones</u>		How related to deceased <u>Niece</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>General debility</u>	How long	<u>4 days</u>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. H. Etchison
Gaithersburg Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Anna May Morgel*

Died at *Potomac* ^{Town} *Montgomery* ^{County} **MARYLAND**

Date of death *1908 Feb 16* ^{Month} ^{Day} Age *—* ^{Years} *18* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Potomac*

Occupation *Had none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *David Morgel* Father's Birthplace *Maryland*

Mother's Maiden Name *Anna Brall* Mother's Birthplace *Maryland*

Name of person giving information *David Morgel* How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Mal-nutrition* *Exhaustion* *How long 2 months*

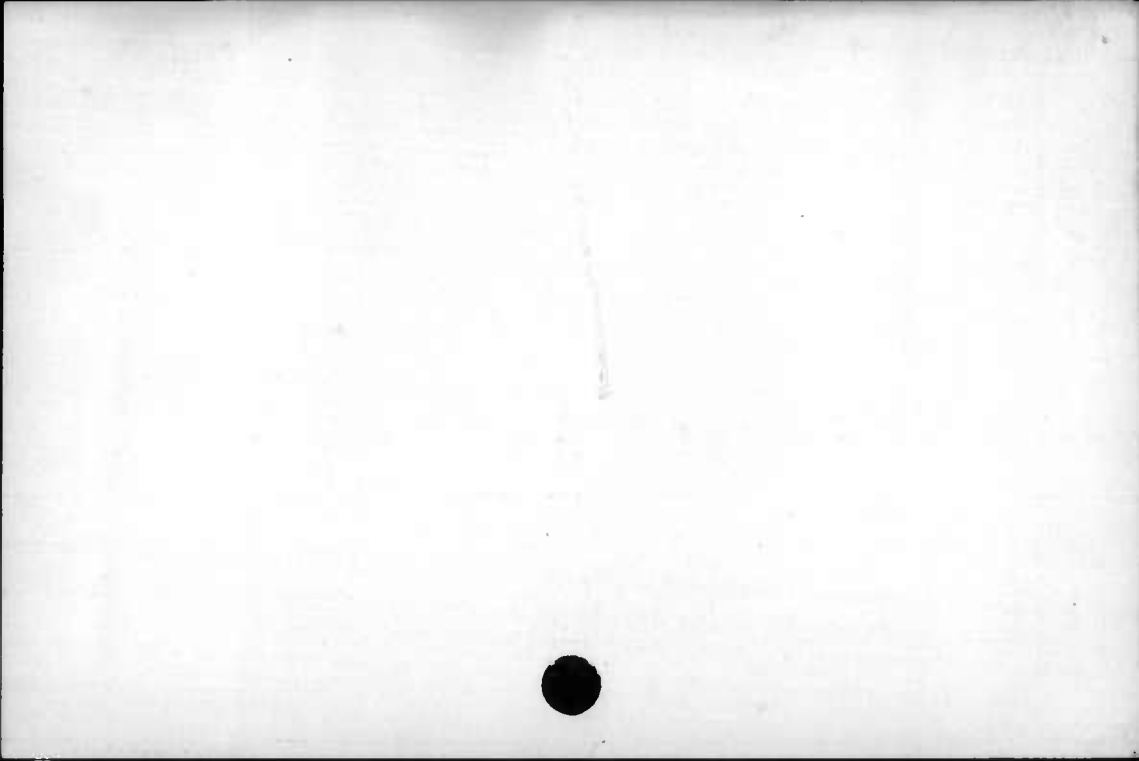
Immediate *Exhaustion* *How long 1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. A. Mannard*

Address *Rockville Md*

Accident or Suicide? *—*



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

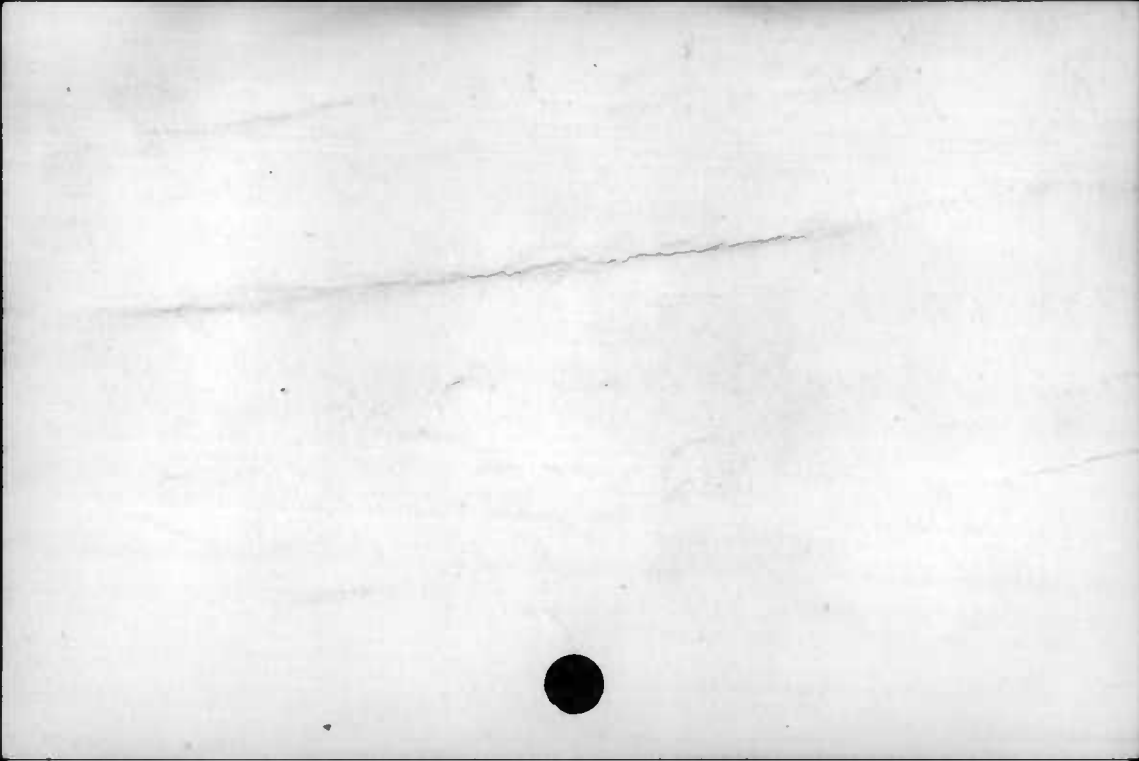
Died at <i>Mantrose</i>		Town <i>Mantrose</i>		County <i>Maulding</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>7</i>	Age <i>62</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>J. Nesbitt</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary "</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Henry C. Nesbitt</i>			How related to deceased <i>"</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>18 mos</i>
Immediate <i>Uremia</i>	How long <i>10 days</i>
Is the name, age, sex, color, date and place correctly given above? <i>X</i>	Signature of Physician <i>O. M. Luthien</i>
	Address <i>Roadville Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Laurie Thompson Nicholas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Kensington		Montgomery		Maryland			
Date of death	1998	Month	Feb	Day	14	Age	60
Sex	Female	Color or Race	White	Birthplace	Md.		
Occupation	None			Where Residing if not at place of death	Same		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Chas. S. Nicholas, deceased				
Father's Name	Zaboe Thompson			Father's Birthplace	Md.		
Mother's Maiden Name	Mary Harrison			Mother's Birthplace	Va.		
Name of person giving information	H. L. Thompson			How related to deceased	Brother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs		How long	One year
Immediate	Tuberculosis of lungs		How long	One year
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Address		
[Signature]		Kensington		
Accident or Suicide?		No		

Name
in
Full

Charles E Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

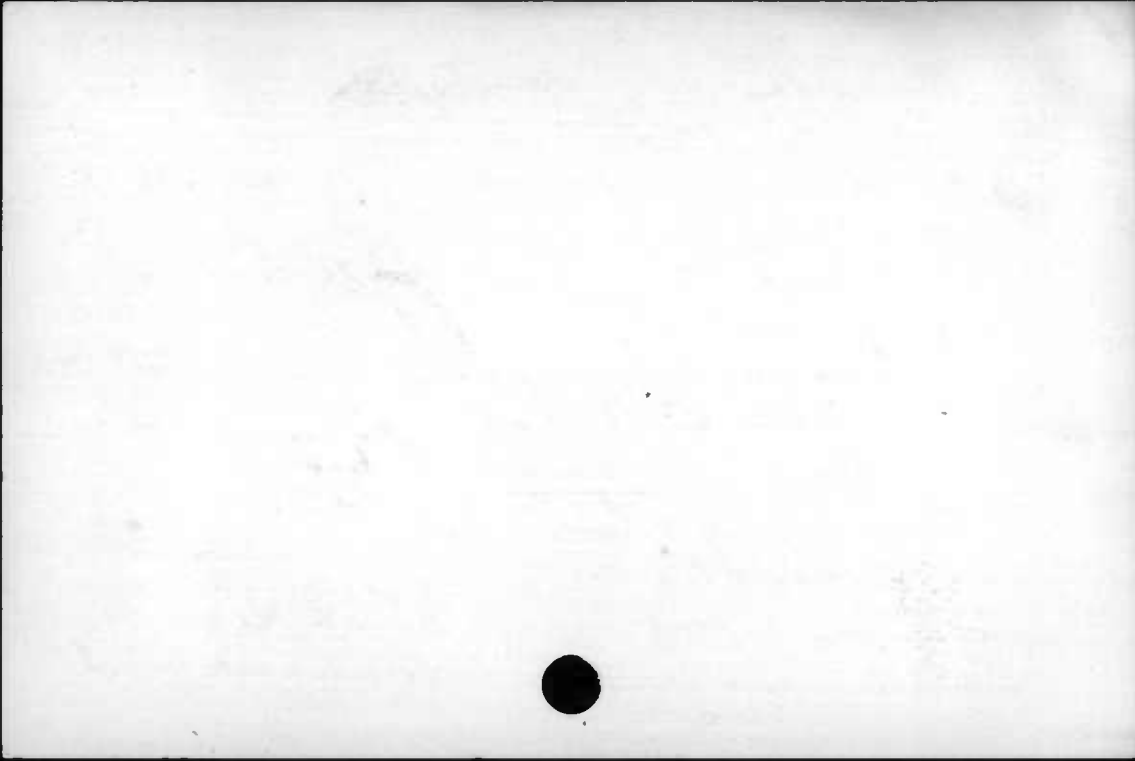
MARYLAND

Died at ^{Town} Poolersville ^{County} MontgomeryDate of death 1908 ^{Month} Feb ^{Day} 15 ^{Years} 61 ^{Months} 8 ^{Days} 12Sex Male Color or Race White Birth-placeOccupation Farmer Where Residing if not at place of death PoolersvilleMarried, Single or Widowed Widower Name of Wife or Husband Rachel Virginia HouseFather's Name Chas E Poole Father's Birthplace Fred CoMother's Maiden Name Mary E. House Mother's Birthplace Fred CoName of person giving information Ed Poole How related to deceased Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONERPrimary Cerebral Hemorrhage How long 4 hoursImmediate Cardiac DisturbanceAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician E W White
Address Poolersville
MarylandAccident or Suicide? No



Name
in
Full

George S. Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

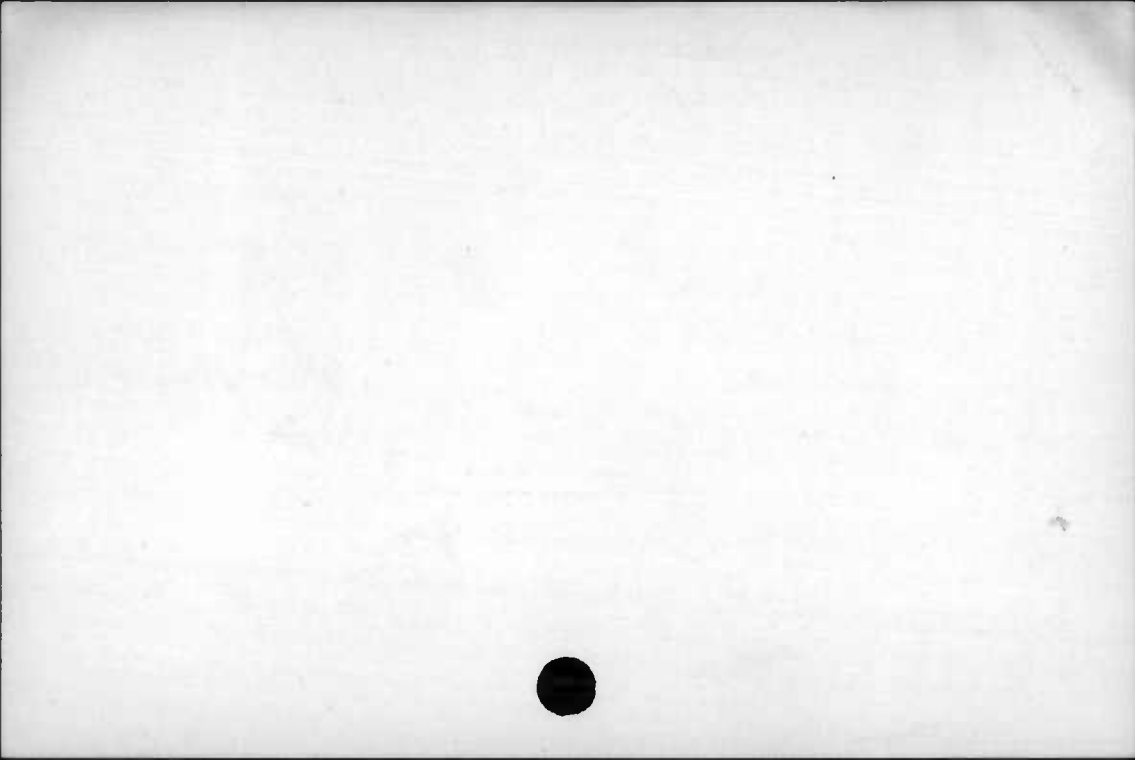
Died at <i>Bethesda</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>23</i>	Years <i>40</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>negro</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>Farm Laborer</i>			Where Residing If not at place of death <i>✓</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rose L. Rhodes</i>				
Father's Name <i>Fredrick Rhodes</i>	Father's Birthplace <i>Montg. Co. Md.</i>		Mother's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Rachael Johnson</i>	Name of person giving information <i>Rose L. Rhodes</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>6 mos.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Bethesda, Md.</i>
Accident or Suicide? <i>no.</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 1906

Month

Feb

Day

10

Years

Age

7

Months

8

Days

21

Sex

male

Color or
Race

white

Birth-
place

Bartonsville Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Rich

Father's
Birthplace

Bartonsville Md

Mother's
Maiden Name

Jessie Raby

Mother's
Birthplace

Bartonsville Md

Name of person giving
Information

John Rich

How related
to deceased

Father

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Kicked by horse

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

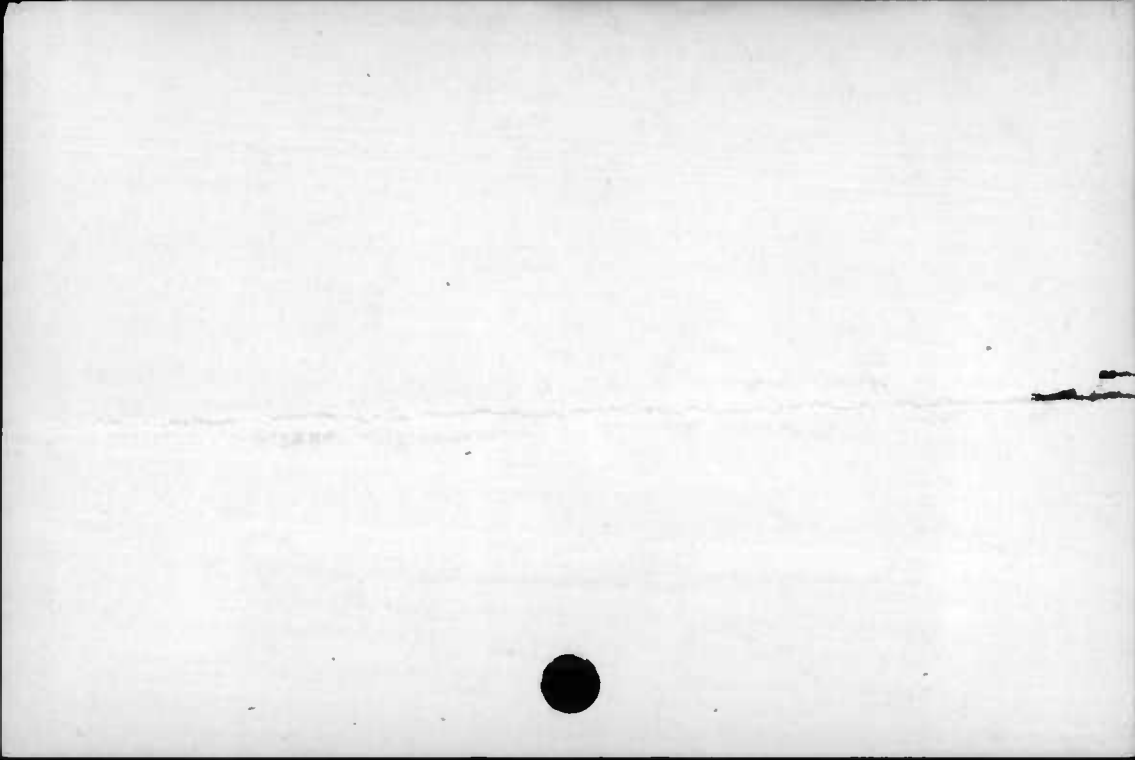
Address

J. R. Padon

Bartonsville

Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

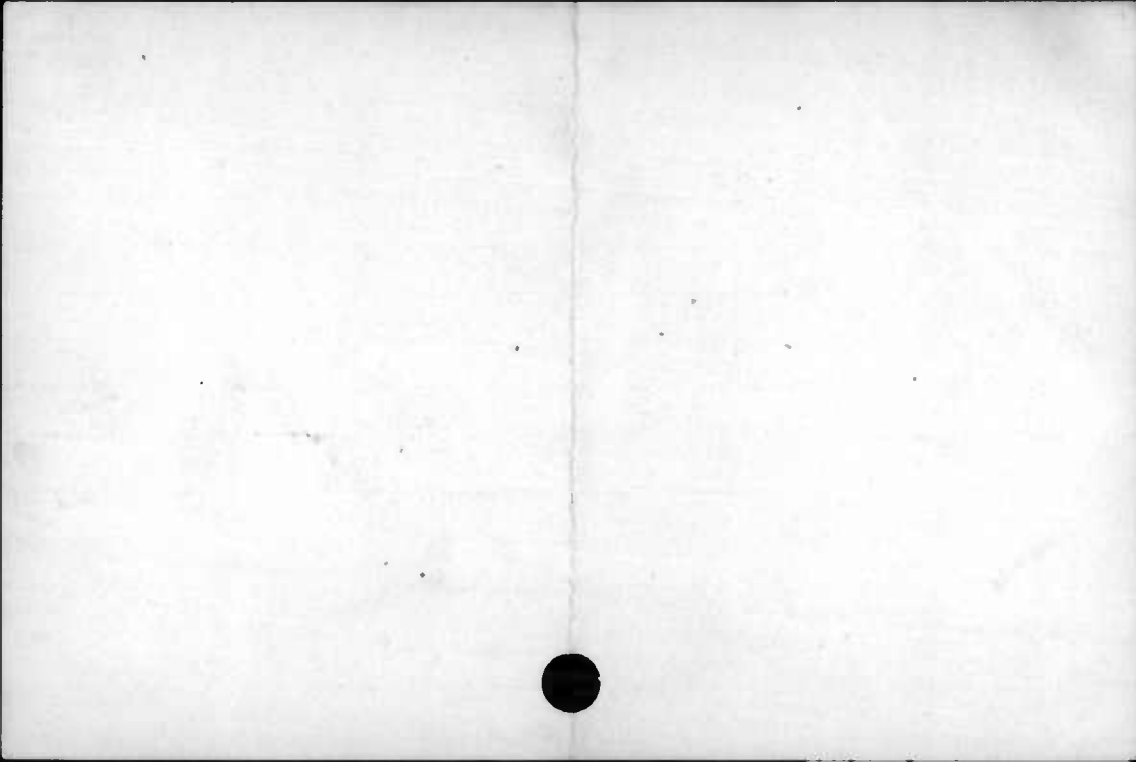
Name in Full <i>Lillian Dorothy Richter</i>		Town <i>Germanatown</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Germanatown</i>		Month <i>February</i>		Day <i>1st</i>		Years <i>1908</i>	
Date of death <i>1908 February 1st</i>		Age <i>2</i>		Months <i>—</i>		Days <i>1</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Germanatown</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John D. Richter</i>		Mother's Maiden Name <i>Helen F. Metz</i>		Father's Birthplace <i>Germanatown</i>		Mother's Birthplace <i>Washington</i>	
Name of person giving information <i>Mrs. John D. Richter</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

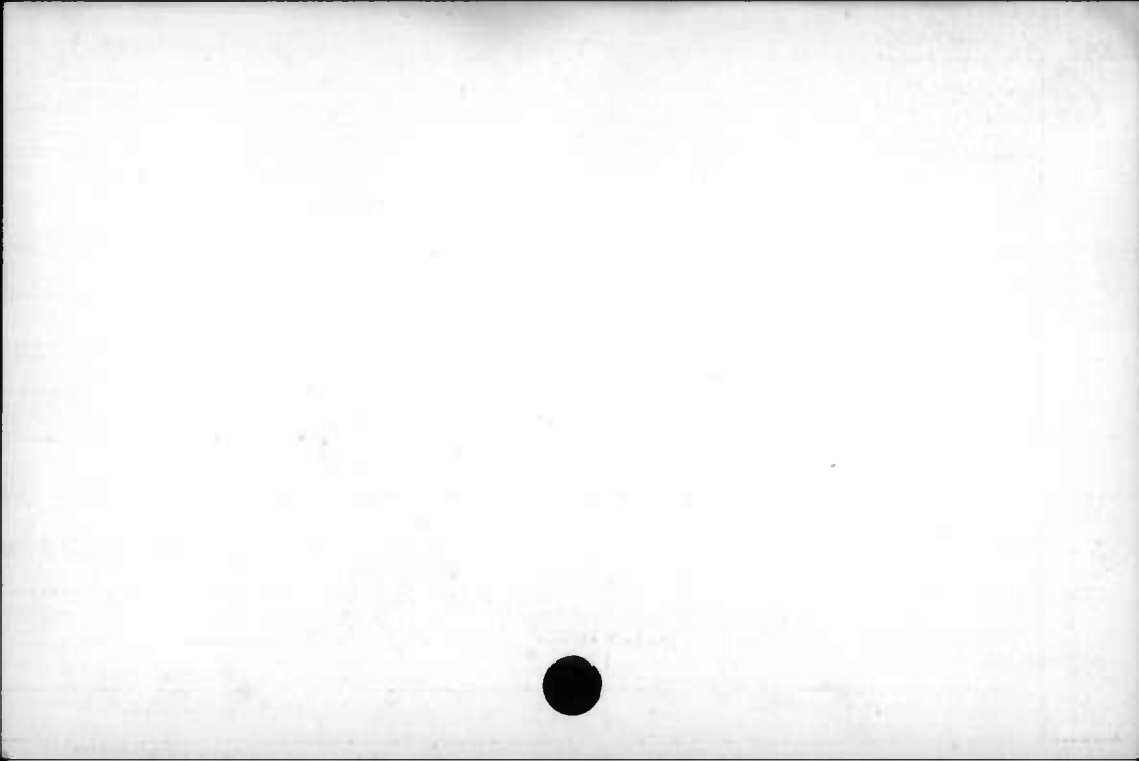
(92)

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 weeks</i>
Immediate <i>Broncho-Pneumonia</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Signature of Physician <i>J. N. Simpson, M.D.</i>	
Address <i>Germanatown Md</i>	
Accident or Suicide? <i>—</i>	



Name in Full		Mary Schurr,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Beane		Montgomery		MARYLAND	
	Date of death	1908	February	15th	Age	83	
	Sex	Female		Color or Race	White, American		Birth-place
	Occupation	House-wife		Where Residing if not at place of death		Beane, Montgomery Co.	
	Married, Single or Widowed	Widowed		Name of Wife or Husband		John C. Schurr.	
	Father's Name	A. John Hoffbauer.		Father's Birthplace		Germany	
	Mother's Maiden Name	Unknown		Mother's Birthplace		Germany	
	Name of person giving information	W. A. Schurr.		How related to deceased		Son	
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	Senility				(154) How long	
	Immediate	Cardiac asthma				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		W. R. Woulton.	
				Address		Bethesda, Md.	
Accident or Suicide?							



Name
in
Full

Elijah M. Schooley -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

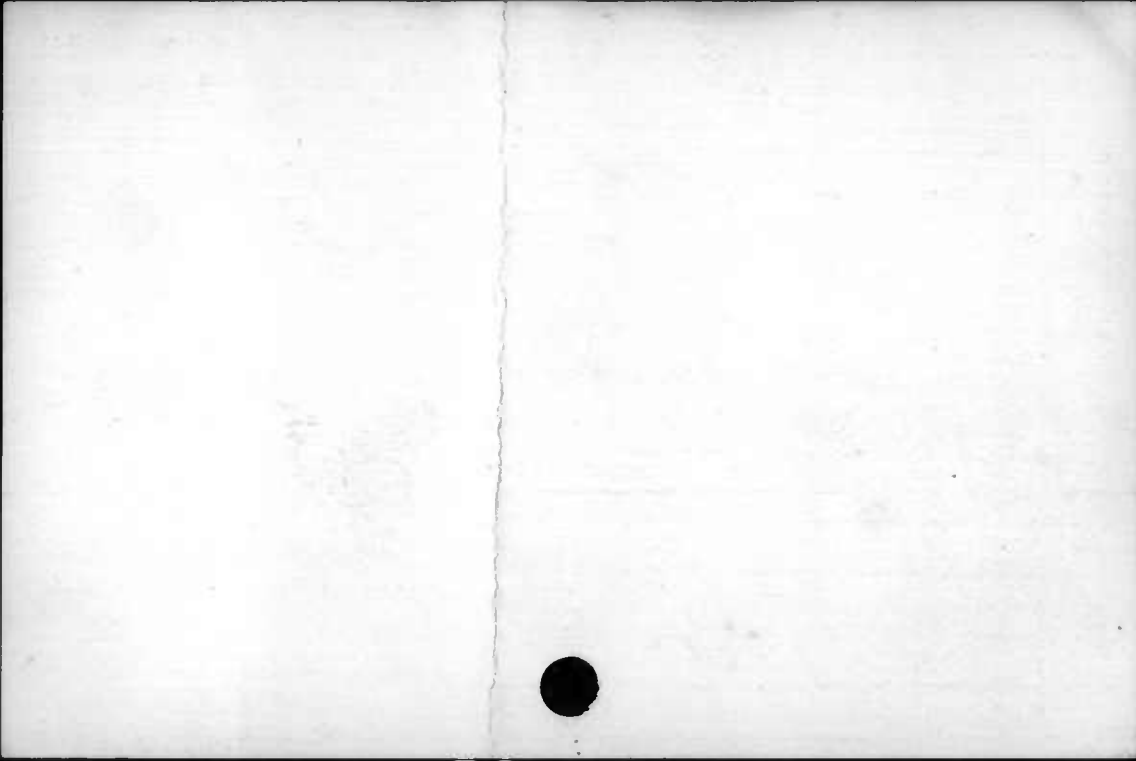
Died at <i>Gaithersburg</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> <small>Month</small>	<i>9</i> <small>Day</small>	Age <i>81</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>14</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Lundons, Virginia</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Anna M. Schooley</i>			
Father's Name <i>Daniel Schooley</i>			Father's Birthplace <i>va-</i>		
Mother's Maiden Name <i>Mary Meyers</i>			Mother's Birthplace <i>va-</i>		
Name of person giving information <i>John C. Schooley</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

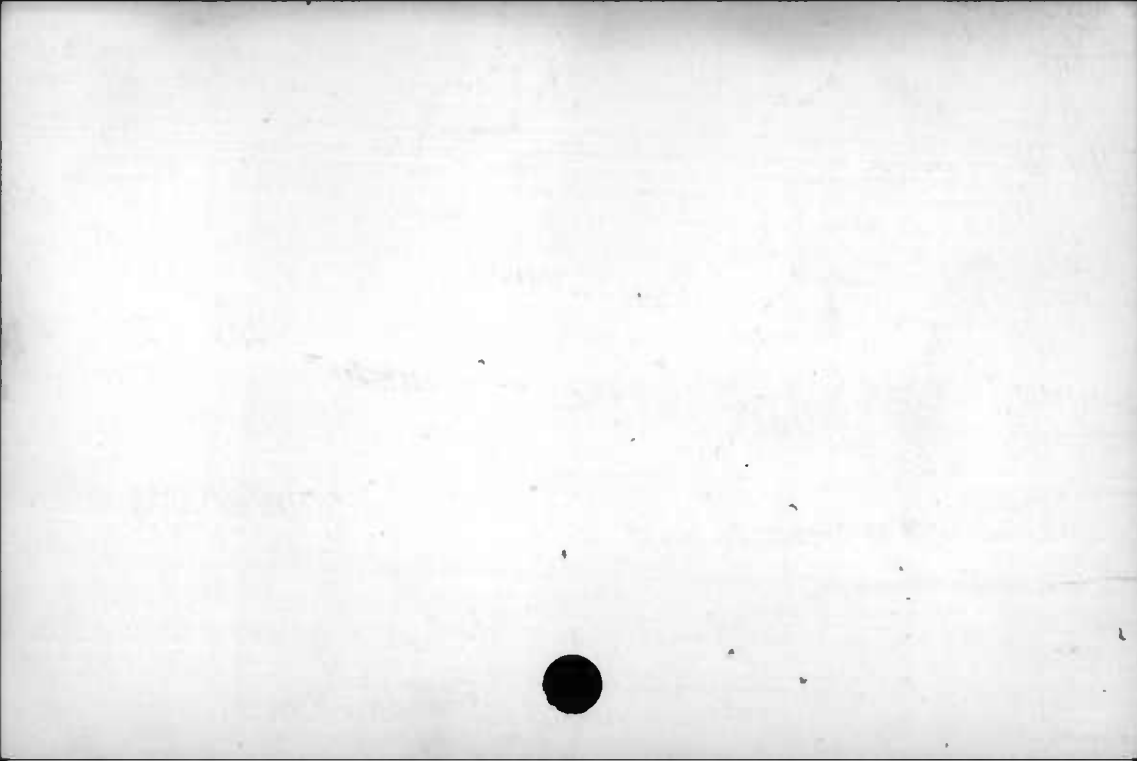
123

PHYSICIAN
OR CORONER

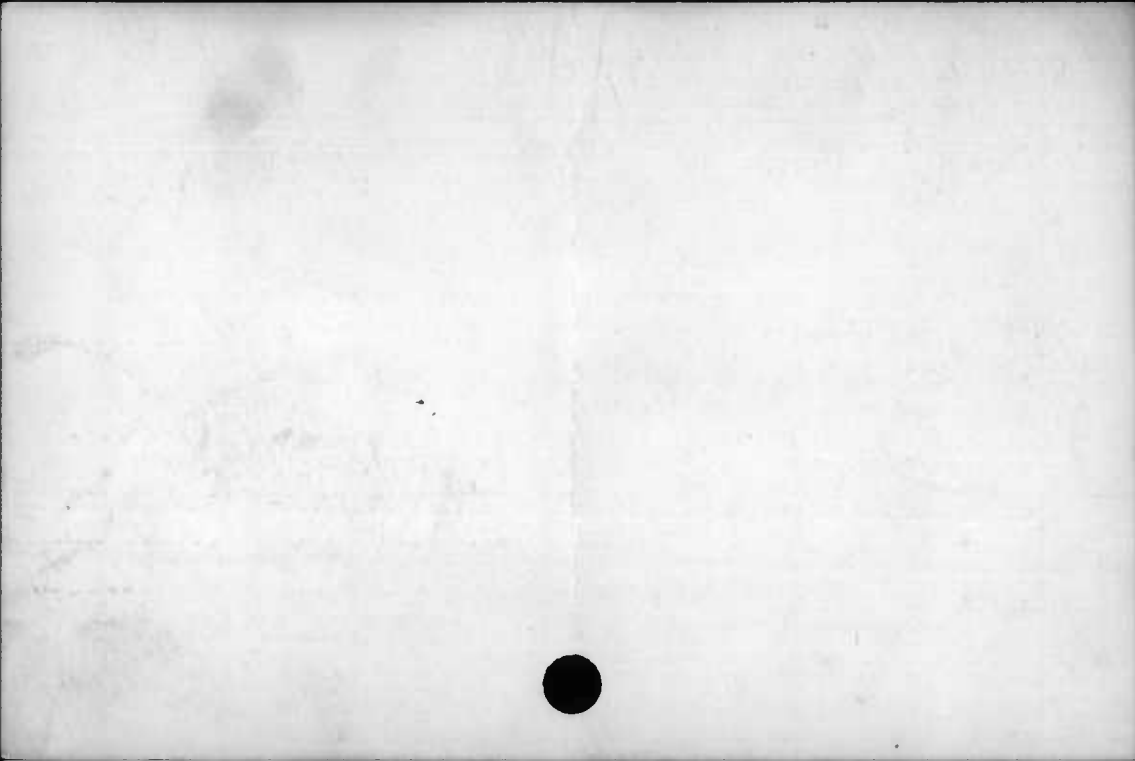
Primary <i>Cystitis, Bronchitis & Complications</i>	How long <i>Seven months for years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Haddock</i>
	Address <i>Gaithersburg, Md-</i>
Accident or Suicide? <i>Natural</i>	



Name In Full		Certificate of Death			
Wallis Edgar Shankholz		Town Hunting Hill		County Montgomery	
Died at		State MARYLAND			
Date of death	1908	Month Feb	Day 5	Age Years	Months 23
Sex	Male	Color or Race	White	Birth- place	Hunting Hill
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Wallis Shankholz	Father's Birthplace W. Va			
Mother's Maiden Name	Gallie Haverney	Mother's Birthplace Virginia			
Name of person giving Information	Wallis Shankholz	How related to deceased Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Infantile Convulsions		How long	10 hours
	Immediate	Coma		How long	1 hour
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			No	Address Rockville, Maryland.	
Accident or Suicide?		No			



Name In Full		Walter Allen Stottmeyer						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Germantown		County Montgomery		MARYLAND		
	Date of death		1908	Month Feb	Day Thursday	Age —	Years 71	Months 8	Days
	Sex		Male		Color or Race		White		Birth-place
	Occupation		—		Where Residing if not at place of death		—		
	Married, Single or Widowed		—		Name of Wife or Husband		—		
	Father's Name		Milton W. Stottmeyer				Father's Birthplace		Montg. Co.
	Mother's Maiden Name		Lulu Virginia Thompson				Mother's Birthplace		Montg. Co.
Name of person giving information		Milton W. Stottmeyer				How related to deceased		Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">151</div>									
PHYSICIAN OR CORONER	Primary		Marasmus				How long		32 days.
	Immediate		Inanition				How long		6 days.
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		J. N. Simpson
							Address		Germantown Md.
Accident or Suicide?		—							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Willie Taylor*

Town

County

MARYLAND

Died at

*Gettysburg**Montgomery*

Date

of death

190

8

Month

Feb

Day

20

Age

Years

4

Months

0

Days

8

Sex

*Male*Color or
Race*Colored*Birth-
place*Gettysburg*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Henson Taylor*Father's
Birthplace*Md*Mother's
Maiden Name*Betsy Harris*Mother's
Birthplace*Md*Name of person giving
In formation*Henson Taylor*How related
to deceased*Father*

CAUSES OF DEATH

93

How long

Primary

Immediate

Mania

How long

*4 weeks*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*E. H. Echison*

Address

Gettysburg Md

Accident or Suicide?

PHYSICIAN
OR CORONER*H*



Name
in
Full

Mrs Emily W. Walling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Poolesville* TownCounty *Montgomery*Date
of death *1908*Month *July*Day *9*Age *49* YearsMonths *5*Days *20*Sex *Female*Color or
Race *white*Birth-
place *Poolesville Md*Occupation
*Housewife*Where Residing if not
at place of deathMarried, ~~Single~~
~~or Widowed~~Name of ~~Wife~~
Husband *Dr B. W. Walling*Father's
Name *Thos P. Poole*Father's
Birthplace *Md*Mother's
Maiden Name *Eveline Hyde*Mother's
Birthplace *Md*Name of person giving
In formation *Dr B. W. Walling*How related
to deceased *Husband*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis*

How long

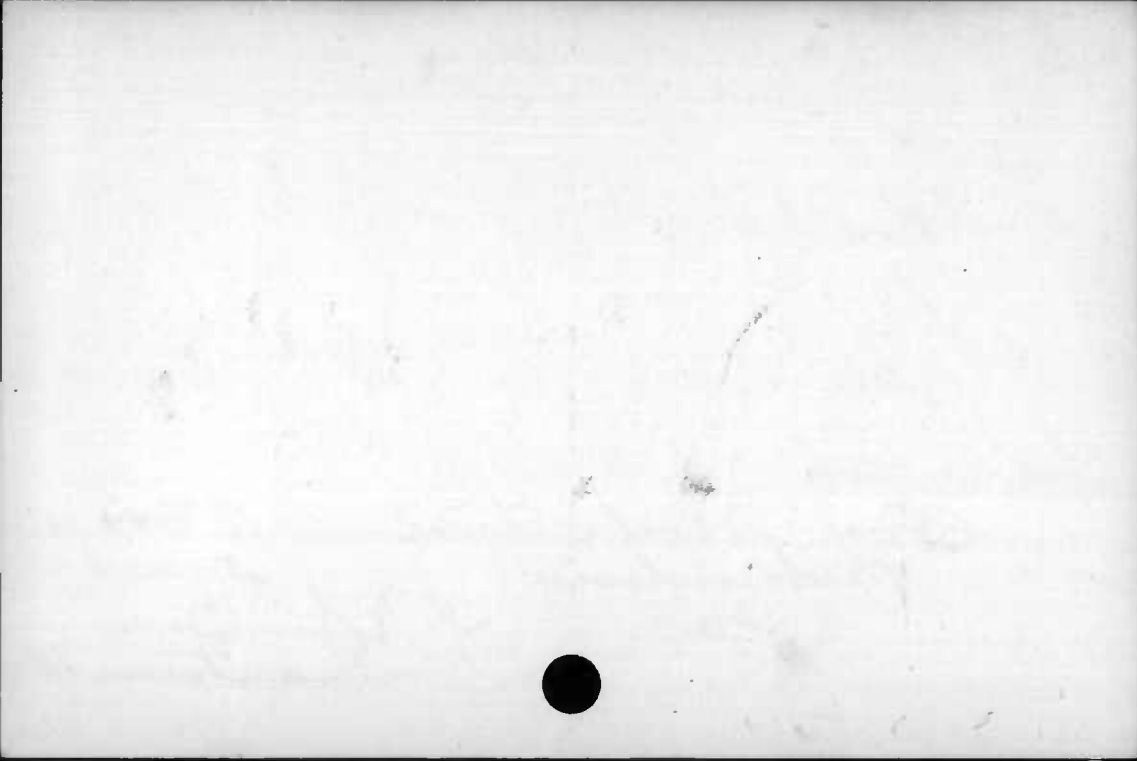
Immediate

How long *5 years*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

B. W. Walling
Poolesville Md

Accident or Suicide?



Name
in
Full

Dora Alberta Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Germantown ^{County} Montgomery MARYLAND
Date of death 1908 ^{Month} Feb ^{Day} 13 ^{Age} 18 ^{Years} 2 ^{Months} 18 ^{Days}
Sex Female Color or Race White Birth-place Washington
Occupation School Girl Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Charles M. Williams

Father's Birthplace Germantown

Mother's Maiden Name Alice Jones

Mother's Birthplace Germantown

Name of person giving information Samuel T. Williams

How related to deceased 12th Cousin

CAUSES OF DEATH

27

Primary Post-nasal Catarrh

How long 9 yrs

Immediate Tuberculosis

How long 2 yrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. H. Saint John
Germantown Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

